

**Minutes of the
Scottish Antimicrobial Prescribing Group Meeting
held 14th December 2009
NHS Quality Improvement Scotland, Delta House, 50 West Nile Street,
Glasgow**

Present: Professor Dilip Nathwani (Chairman), NHS Tayside
Professor Marion Bennie, National Medicines Utilisation Unit, Information Services Division
Mrs Laura McIver, Chief Pharmaceutical Advisor, SMC
Dr Anne Eastaway, Health Protection Scotland
Mrs Liz Gillies, ScotMARAP Lead, NHS Education for Scotland
Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Ms Susan Paton, Project Co-ordinator, Scottish Antimicrobial Prescribing Group
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group
Mrs Sheila Tunstall-James, SMC Patient and Public Involvement
Dr Simon Hurdling, General Practitioner, NHS Highland
Dr Camilla Wiuff, AMR Programme Manager, Health Protection Scotland
Mrs Gail Caldwell, NHS Forth Valley and Director of Pharmacy Group
Mr Ishtiaq Mohammed, Clinical Effectiveness Pharmacist, NHS Fife
Ms Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland
Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran
Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group
Mr Mike Grieve, Representative from Chief Executives group, Director of Delivery, NHS Lothian
Professor Peter Davey, NHS Tayside, International Liaison
Dr Alexander Crichton, Glasgow Dental Hospital, Dental representative
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
Dr Martin Connor, NHS Dumfries and Galloway, ADTC / AMT
Ms Arlene Brailey, NHS Education for Scotland
Mr Jesus Gallegos, Veterinary Adviser (Meat Hygiene), Veterinary Division, Rural Directorate, Scottish Government.
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
Mr Robert Gray, Infection Control Manager, Golden Jubilee National Hospital
Dr John Northfield, ABPI, Medical Advisor (Anti-Infectives), Astellas UK Ltd
Dr Andrew Seaton, NHS Greater Glasgow and Clyde, ADTC
Dr Karen MacSween, NHS Lothian, ADTC
Dr Malcolm Daniel, Consultant in Anaesthesia & Intensive Care, Glasgow Royal Infirmary
Ms Carol Philip, Lead Antimicrobial Pharmacist (joint appt), NHS Lothian
Ms Carol Philip, Lead Antimicrobial Pharmacist (joint appt), NHS Lothian,
Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network

Apologies:

Professor Hamish McKenzie, Scottish Dean Medical Education Group
Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland
Ms Sybil Solomon, Nurse Consultant, Infection Prevention Society
Mr David Marshall, Pharmacy Adviser, Care Commission

Guest Speaker

Mrs Marty Wright, Co-ordinator, Nursing Education Development

Observers

Dr Emma Watson, Consultant Microbiologist

Miss Tracey Cromwell, Information Analyst, Information Services Division

		Action
1.	<p>Welcome and Apologies</p> <p>The Chair opened the meeting and welcomed Dr Stephanie Dundas to first meeting as representative from Infectious Diseases Consultants group and to Dr John Northfield, ABPI representative. The Chair welcomed guest speaker and observers as noted above.</p>	
2.	<p>Minutes of the previous meeting 26th October 2009</p> <p>The minutes were accepted as an accurate record of the meeting.</p>	
3.	<p>Content of the Masters Level Descriptor for the proposed module on Antimicrobial Stewardship, Guest Speaker Mrs Marty Wright</p> <p>At the last meeting of SAPG the Masters module in antimicrobial stewardship had been discussed under the Education Workstream. It was agreed it would be beneficial if SAPG were involved in this work so as to ensure appropriate content for the targeted user group. The content, target audience and timeframe for the Masters module were discussed and it was established the original timeframe of February 2010 had slipped with new proposed date for final module being September 2010. MW gave a broader description of the module and drew attention to the original plans which had been for two modules. It was suggested that it would be beneficial for SAPG and AMTs to influence and inform module to ensure it was fit for purpose. MW agreed this would be helpful and that time although limited, would allow this.</p> <p>Action: Volunteers to be sought to assist in development of the module in antimicrobial stewardship. E-mail to be sent to SAPG and AMTs</p>	<p>JS</p>
4.	<p>Matters Arising</p> <ul style="list-style-type: none">• 2010 Programme – 9th February Event <p>Final programme has been sent to Chief Executives, Medical Directors, Risk Managers and AMTs and it is hoped to have high number of board management attendees at the event. The event will showcase work achieved by SAPG to date and will look at plans for next year including collaborative work with SPSP and Swiss colleagues.</p> <p>Action: SAPG Members encourage attendance from Board Management.</p> <ul style="list-style-type: none">• Annual Report second draft. (Paper 1) <p>The final version of the SAPG annual report incorporates comments received on the content and layout of the report. Members who wish to input further comments should send these to JS by the end of the week. Agreed the report reads well and the Chair congratulated all authors with special thanks to JS.</p>	<p>SAPG</p>

<p>Circulation will be similar to recipients of SMC annual report. The Annual Report will be professionally printed and be launched at the event on 9th February.</p>	
<p>Action: Comments for final version of annual report to JS.</p> <ul style="list-style-type: none"> • Swiss Project 	<p>SAPG</p>
<p>It was confirmed that NSS/HPS/ISD has completed a project initiation document (PID) using internal financial governance procedures. The Finance Sub-group and SAPG Board have approved the project and the PID will be submitted to the HAI Taskforce 'for information'. SAPG will be kept informed of progress.</p>	
<p>Action: PID to be submitted to HAI Taskforce for information. PD to take project forward with key stakeholders and report on progress at next meeting.</p> <ul style="list-style-type: none"> • Gentamicin/Vancomycin Project 	<p>JS/PD</p>
<p>LW has asked Taskforce to consider PID and reply DN within four weeks.</p>	
<p>Action: Report back at Feb SAPG meeting</p> <ul style="list-style-type: none"> • Surgical Prophylaxis Prescribing Indicator (Paper 2) 	<p>DN/MB</p>
<p>SAPG has considered several approaches to collection of data for the surgical prophylaxis indicator including integration with SPSP and are now proposing that retrospective audit in selected specialties is used if Boards have not made progress using other methods.</p>	
<p>SAPG has been asked to undertake national reporting of data on a quarterly basis starting in February 2010 and to provide support for Boards to improve performance where necessary.</p>	
<p>Update on teleconference meeting to discuss prescribing indicators showed good progress on prescribing indicators but still well short of being able to say achieved. It was agreed that AMTs will continue to concentrate on the three existing indicators until April 2010 at which time SAPG will look again at progress and the possibility of adding indicators.</p>	
<p>Action: AMTs to be sent guidance on measurement of surgical prophylaxis indicator and national reports</p>	<p>JS/AP</p>
<p>Recent meetings with SPSP leads had established a possible model for collaboration to integrate antibiotic prophylaxis prescribing with their work. DN attended the meeting of SPSP Steering Group on 3rd December 2009 and it was agreed SPSP and SAPG will work together to produce a care bundle for surgical prophylaxis. Further discussions with SPSP will take place in January 2010</p>	
<p>Action: Action plan to be developed in collaboration with SPSP.</p> <ul style="list-style-type: none"> • Patient and Public Meeting 	<p>DN/JS/AP</p>
<p>First meeting of patient and public campaign group was held on 20th November</p>	

	<p>2009 to discuss the development of a national strategy. NHS Dumfries and Galloway reported on a comprehensive campaign run in February 2009 and NHS Lanarkshire reported on an awareness day to support European Antibiotic Awareness Day on 18th November 2009. Evaluation of both campaigns, examples of campaign materials and the role of public partners were discussed at the meeting.</p> <p>Action: Develop materials and methods for AMTs to deliver local campaigns and report back at Feb meeting.</p>	<p>JS/SP/ STJ</p>
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<p>5.</p>	<p>Presentation on STRAMA Visit</p> <p>JS and CW gave a presentation on the visit to Sweden. The full presentations from the Swedish visit are available to anyone interested. Highlights from the presentation showed the Swedish approach was to use national and local data on prescribing and resistance to engage with clinicians and the public via the media.</p> <p>Action: SAPG media interaction to be discussed with Health Scotland and Pharmacy at SGHD.</p>	<p>JS/LMcl</p>
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<p>6.</p>	<p>Information Workstream</p> <ul style="list-style-type: none"> • Update (Paper 3) <p>Current key activities include the ISD/HPS Annual Report on Antimicrobial use and resistance, primary care indicator reports down to CHP and GP Practice level, AMR data transfer and ESAC Report. It was clarified that Caldicott Guardian permission for ESAC national data sharing has been sought for one year only. This will need to be revised for future years. MB advised that HMUD will go live by the end of December 2009 and that some data will be available for the event on 9th February.</p> <ul style="list-style-type: none"> • Surveillance Paper (Paper 4) <p>A paper was circulated to describe how national level information on antimicrobial use and resistance is collected, analysed and reported. The paper also proposes a framework for local NHS Board surveillance of antimicrobial use and resistance.</p> <p>Agreed that this paper should now be sent to AMTs for comments and discussion of the time frame by which the proposed framework should be in place in NHS Boards.</p> <p>Action: Consultation to be undertaken with AMTs including specific question on timescales to be discussed at next SAPG.</p> <ul style="list-style-type: none"> • HPS Annual Report (Paper 5) <p>The first joint ISD/HPS Annual Report brings together antimicrobial resistance and use data for Scotland. This first joint annual report will provide the</p>	<p>WM/SP</p>
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	<p>ScotMARAP recommends that all NHS Boards provide training for all staff involved with using antimicrobials. Currently some Boards provide induction training for FY doctors and some also provide training for nursing and pharmacy staff using locally prepared training materials. Some Boards have no training materials and do not provide such training</p> <p>There is a need to standardise training provided so that all practitioners have the necessary knowledge to prescribe, administer and monitor antimicrobials safely and effectively both in hospital practice and primary care. Training materials must be flexible to meet the local needs of various staff groups in terms of opportunities for delivery. Practitioners require to provide evidence of competency in clinical practice and CPD to fulfill professional requirements and also to develop their portfolio for KSF.</p> <p>The Training pack has now been tailored to include medical, nursing and pharmacy staff and has been designed to be flexible to allow it to be completed in one session or broken up into several shorter sessions. The pack will be available from February 2010 and the CPD record will be developed later.</p> <p>Training Pack and PowerPoint Presentation were agreed by SAPG as good working documents.</p> <p>Action: Any further comments to be incorporated into PowerPoint presentation to JS a.s.a.p.</p> <p>Action: Training pack preparation to be progressed</p> <ul style="list-style-type: none"> • Feedback on Multi-professional Event (Paper 10) <p>The summarized and evaluated feedback from event showed event was well received. The event may be repeated in 2010 and SAPG will be kept updated.</p>	<p>SAPG</p> <p>JS/LG</p>
9.	<p>Infection Management</p> <ul style="list-style-type: none"> • Update (Paper 11) <p>Informed the Infection Management Workstream had been focused on hospital related work at the beginning of the year but is now focusing on primary care with fragmented groups. Further updates on unintended consequences of increased gentamicin use will follow at next meeting.</p> <ul style="list-style-type: none"> • Care Homes (Paper 12) <p>There is a need to improve the prescribing and administration of antibiotics in care homes and long stay wards to reduce HAI in this vulnerable patient group. This will largely be by education of care home staff and primary care staff, mainly GPs, in prudent use of antimicrobials. A standard approach throughout Scotland led by SAPG would be beneficial and would allow examples of local good practice to be used in other areas.</p>	

	<p>The paper has looked at current position and what advice care homes currently have. Volunteers are sought to be on the SAPG Care Homes Group which will develop and pilot work on antibiotic prescribing. AE suggested that Jacqui Reilly from HPS be asked to contribute to the group.</p> <p>The Chair highlighted that Care Homes is going to be a very important part of SAPG's work. SPSP work is intensively hospital based but may move to community hospitals and care homes.</p> <p>Action: Group being formed to look at care homes, volunteers from SAPG sought to be part of the group.</p> <p>Action: Contact Jacqui Reilly at HPS to discuss surveillance work in care homes and possible input to group.</p>	<p>SAPG</p> <p>JS</p>
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10.	<p>SNAP CAP</p> <ul style="list-style-type: none"> • Update (Paper 13) <p>Participation in teleconference has improved since transferring to SAPG. The SNAP CAP Team was congratulated for their efforts in increasing participation to allow the project to progress.</p> <p>9 of the 14 boards have agreed to data sharing for SNAP-CAP and prescribing indicators and one person from each board will be identified to have access to this data.</p> <p>The SNAP-CAP Steering Group has suggested hosting a meeting for acute medicine consultants to promote SNAP-CAP. There is no current Scottish forum for acute medicine clinicians but several clinicians have suggested that they would welcome such a forum. The Chair supported this suggestion and added that this may be an opportunity to host a SPSP type of learning event for acute medicine clinicians and other key stakeholders to provide training on quality improvement methodology.</p> <p>Action: Contact to be made with Acute Medicine Physicians with view to facilitating establishment of a Scottish forum</p> <p>The SNAP-CAP Quality Committee paper & safety dashboard from Tayside was presented and agreed as a useful resource for other boards.</p> <p>Action: Quality committee info and safety dashboard slides to be posted on Extranet.</p> <ul style="list-style-type: none"> • Data Analysis Network (Paper 14) <p>An evaluation of what individual boards have in terms of analyst support has been carried out. There are substantial differences between boards in terms of number and grades of staff for both antibiotic data analysis and infection control analysis. There is also little communication between these 2 groups of analysts at local level.</p> <p>The HMUD system was discussed and clarified that the HMUD system will not</p>	<p>DN/AP</p> <p>AP</p>
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	<p>take away the boards' requirement to continue with local analysis of antibiotic use.</p> <ul style="list-style-type: none"> • Evidence Review (Paper 15) <p>The CAP care bundle contains 5 evidence based measures that have been proven to influence patient outcomes. The evidence review was first completed in 2007 and will be updated to take account of new evidence presented in the BTS update to the guideline for the management of pneumonia (October 2009) and academic papers.</p> <p>A literature search has been carried out by an information officer from SIGN and papers are being screened by the SNAP-CAP steering group after which they will be critically appraised. Volunteers from SAPG are sought to help with the appraisal process. SIGN methodology will be used and training can be provided.</p> <p>Action: Volunteers will be sought from SAPG to critically appraise relevant papers from the Evidence Review.</p>	<p>PD/JS</p>
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<p>11.</p>	<p>AOCB</p> <ul style="list-style-type: none"> • Fighting Infection Competition Flyer. (Paper 16) <p>The Fighting Infection through detection flyer from the Technology Strategy Board had been circulated to SAPG for information. Anyone who has a research idea which requires funding may apply.</p> <ul style="list-style-type: none"> • Unlicensed Antimicrobials (Paper 17) <p>A spreadsheet showing the results of a survey of 36 Consultant Microbiologists in Scotland regarding experience/wish to have the ability to prescribe non BNF antibiotics has been circulated. IG has asked what SAPG can do to improve the availability of these antibiotics.</p> <p>JS advised that a national purchase agreement has already been pursued with National Procurement and Tayside Pharmaceuticals but neither were in a position to help. It was proposed that AMTs could advise on local stocks required of non BNF antibiotics, perhaps with a view to there being a few national stockholding centres.</p> <p>It was suggested however that further information was required on the extent and nature of the problem via the AMTs.</p> <p>Action: Obtain details of what AMTs currently use/stock and confirm licensing arrangements for all products</p> <p>Date of next meeting – Monday 22nd February 2010</p>	<p>JS/SP</p>
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